

Research Snapshot

Are brief interventions effective for problem gambling?

What is this research about?

Brief interventions are time-limited session(s) with a therapist that can include personalized feedback about client's gambling, advice, psychoeducation, motivational enhancement, and/or support with goal setting. These can be offered within screening, brief intervention and referral to treatment (SBIRT) protocols.

SBIRT protocols were first studied as early interventions for substance use disorders, with the most promising results seen for alcohol use. Studies are now looking at their effectiveness in problem gambling, as they can be a cost-effective way to identify and intervene with risky or problem gambling.

This meta-analysis examined whether brief interventions can be effective for problem gambling in people 16 years of age and older, focusing on in-person interventions that can be used in SBIRT protocols.

What did the researchers do?

The authors searched for published papers, grey literature, and clinical trials between 1990 and September 1, 2017. They also contacted experts to inquire about unpublished studies.

Papers were included if they were in English, included people 16 years of age or older, used a validated tool to identify problem gambling, and were randomized controlled trials. Studies had to employ no more than

What you need to know

This is the first meta-analysis looking at whether in-person brief interventions are effective for problem gambling. The results show that brief interventions reduced gambling behaviour in the short-term (up to six months), but not in the long-term (seven months or more) in people 16 years of age and older. These findings show promise for the use of brief interventions as part of screening, brief intervention and referral to treatment protocols in problem gambling.

three in-person, one-on-one psychosocial therapy sessions and validated outcome measures of gambling behaviour and/or problems relative to a comparison group.

After their literature search, a total of seven papers on six randomized controlled trials met this inclusion criteria.

Statistical analysis looked at differences in gambling behaviour and/or problems between groups receiving brief interventions and comparison groups at short term (up to six months) and long term (seven months or more) post-intervention time points.

What did the researchers find?

The seven studies took place in 2008 or later

and had between 21 to 82 participants per treatment group. All brief interventions were one session, ranging from ten to 90 minutes in length. Sessions included personalized feedback about the client's gambling, motivational enhancement, psychoeducation, goal setting, and/or advice.

Brief interventions significantly reduced gambling behaviours in the short term, but not the long term, when compared with participants receiving assessment only. Differences in short-term and long-term gambling problems were not significant.

There were no significant differences in short- and long-term gambling behaviours or problems between groups receiving brief interventions and longer interventions, such as cognitive-behavioural therapy with and without motivational enhancement.

How can you use this research?

Findings from this meta-analysis indicate that in-person brief interventions can be helpful for the treatment of gambling behaviours in the short term. Clinicians can use this research to provide clients with brief interventions, including personalized feedback, motivational enhancement, psychoeducation, goal setting and/or advice. Agency leadership can also apply this evidence to create programs that include brief interventions as part of SBIRT for problem gambling.

SBIRT may be especially helpful when time and resources are limited, or when someone at risk of problem gambling seeks treatment in other clinical settings. Providing early screening and interventions hold promise in preventing the development of problem gambling.

Limitations and next steps

The analysis included studies that did not clearly indicate funding sources, conflicts of interest, or other potential biases. Studies also used different measures of problem gambling, research designs, and brief interventions. In addition, the analysis included only seven studies, all of which took place in North America. However, there was no evidence of publication bias.

Importantly, the search strategy only looked for brief interventions, so this was not a true comparison of efficacy between brief and longer interventions. However, these findings suggest that in-person brief interventions can be beneficial in treating risky gambling.

About the researchers

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